DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HOGAR SANDIVE (0011092)

Address: 4147 N 24TH ST, MILWAUKEE, WI 53209

License Status: PROBATIONARY

Licensed/Certified/Registered 01/27/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096335 End Date: 01/27/2006 Type: INITIAL Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009132 Served 02/14/2006

Deficiencies Cited Subject Area

83.51(3)(a) SMOKE SEPARATION

Compliance

Verified Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.